

Policy Brief No. 2

Filipino Women Migrant
Domestic Workers' Access
to Sexual and Reproductive
Health Services in Hong
Kong, Singapore and Qatar

Migration, Gender and Social Justice: Connecting Research and Practice Networks



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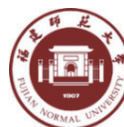
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Executive Summary

Increasingly, migration research is encompassing inquiries into the health needs of labour migrants, and particularly women, as a population at greater health risk due to their presence in a foreign context, work in low-skilled or unskilled jobs, reliance on employers and labour contracts, and lack of protection with respect to labour laws in both sending and receiving countries. Based on in-depth research among Filipina migrant domestic workers' living and working in Hong Kong, Qatar and Singapore, this policy brief shows that a combination of personal and institutional factors affect the women's experiences with their sexual and reproductive health, and access to healthcare services. Various measures are suggested that could result in better health outcomes among Filipina migrant domestic workers in destination countries.

Policy Brief No. 2: Filipino Women Migrant Domestic Workers' Access to Sexual and Reproductive Health Services in Hong Kong, Singapore and Qatar

This policy brief is adapted from a chapter authored by Thanh-Dam Truong, Malu S. Marin and Amara Quesada-Bondad 'Intersectionality, Structural Vulnerability, and Access to Sexual and Reproductive Health Services: Filipina Domestic Workers in Hong Kong, Singapore, and Qatar' in Truong, et al. (eds) (2013), *Migration, Gender and Social Justice: Perspectives on Human Security* (Heidelberg: Springer). The chapter and brief were prepared within the IDRC-sponsored project 'Migration, Gender and Social Justice', and are based on research undertaken in the IDRC-sponsored project 'Health Access of Women Migrant Workers' (2008–2009).

For additional insight into the findings of this research, see:

Action for Health Initiatives (ACHIEVE), Inc. (2010) *Health of Our Heroes: Qualitative Study on Access to Sexual and Reproductive Health Services and Information of Women Migrant Domestic Workers* (Philippines: ACHIEVE). Available at: <http://www.sjhivctr.com/research/2011/AccessToSRH.pdf>

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Introduction

Health control in international migration has historically been driven by the concern of receiving states to screen newcomers for disease in the interest of protecting their citizens from health risks. In recent years, however, the global campaign for the right to health as a fundamental human right has led to inquiries into the health needs of labour migrants, who can be at greater health risks due to temporary or contractual arrangements in low-skilled or unskilled jobs not covered by

'... labour migrants ... can be at greater health risks due to temporary or contractual arrangements in low-skilled or unskilled jobs not covered by labour protection laws.'

labour protection laws. Sexual and Reproductive Health (SRH) is a relatively new field of inquiry in migration research, but one that carries weight for highly gendered sectors of labour such as domestic work that employ predominantly women. Research has shown that women migrant domestic workers experience various sexual and reproductive health (SRH) problems during their years of employment in destination countries.

This policy brief is based primarily on focus groups and in-depth interviews conducted among Filipino women migrant domestic workers in Hong Kong, Singapore and Qatar between 2008 and 2009 by Action for Health Initiatives (ACHIEVE), Inc. The goal of the study was to assess the extent to which the women were able to access sexual and reproductive health information and

'... despite suffering from a number of SRH-related problems, women migrant domestic workers do not always seek healthcare services for a variety of personal and institutional reasons.'

services in these countries. The research shows that, despite suffering from a number of SRH-related problems, women migrant domestic workers do not always seek healthcare services for a variety of personal and institutional reasons. The brief goes on to suggest policy recommendations in order to improve women migrant domestic workers' access to and uptake of SRH healthcare services.

Research findings

Of the three study sites, Hong Kong is the most advanced in terms of ensuring labour standards for migrant domestic workers, requiring a minimum wage and at least one day off per week. Singapore has

introduced policies to protect migrant domestic workers from abusive employers and recognizes them as semi-skilled and unskilled labourers eligible for work permits, but does not require a minimum wage or days off for this category of worker. Qatar utilizes a sponsorship system that allows sponsors (often the employers themselves) to bring foreign workers into the country and prohibits workers from changing jobs or leaving the country without the sponsor's permission.

Conditions of work among the study participants in the three destination countries were a function of the types of labour regulations present and the extent to which these policies were enforced. In Hong Kong, women migrant domestic workers enjoyed a day off every week, usually on a Sunday, as required by law. In Singapore and Qatar, however, days off were sometimes awarded and sometimes not, largely dependent on individual employers. Some workers were permitted

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to go out once a month or once every two or three months. In Qatar, some employers allowed their domestic workers to study Islam every Friday—the only time these workers could spend time outside the house of their employers.

With respect to wages, Hong Kong employers offered the highest wages of the three study sites, an average of US\$470 based on the responses of the study participants. On average, migrant domestic workers in Singapore were paid US\$366.02, while those from Qatar received the lowest wages—only US\$308.67. Notably, this is lower than the minimum required wages of US\$400 in the Philippines. In Qatar women migrant domestic workers also commonly reported receiving wages that were lower than the amount stipulated in their contracts and some reported not receiving their salaries at all. The latter experience was also noted in Hong Kong, despite the country's better regulatory framework.

Participants in all three countries reported difficult living and working environments including having a heavy workload, long hours of work, the lack of private sleeping quarters, inadequate food and the lack of amenities like warm water for bathing during the winter. Abuse and maltreatment were also cited by a number of the study participants, mostly those who were interviewed in embassy shelters. Physical battery and verbal abuse were common among those who said that they were maltreated, while a handful of participants also suffered sexual abuse at the hands of their employers. It bears

mentioning that some study participants in all three countries reported positive work environments with reasonable hours, appropriate living arrangements, kind treatment and even opportunities for skills development.

With respect to their sexual and reproductive health (SRH), a few of the women interviewed admitted to being sexually active and not using condoms, and some experienced SRH problems like myoma, irregular or painful menstruation, breast cysts, reproductive tract infections and sexually transmitted infections. However, almost all of the participants said that they knew other domestic workers who have experienced problems with their reproductive health.

From the research, it became clear that a woman migrant domestic worker's SRH depends on several interrelated factors, both intrinsic and extrinsic. Intrinsic factors include the worker's own health-seeking behaviour and level of awareness of SRH, which are in turn linked to gender norms and beliefs as well as the influence of family and friends.

Women migrant domestic workers do not always seek medical attention or healthcare services when they feel sick, instead opting to keep their pain, discomfort and other symptoms to themselves out of fear of termination and deportation. Finances can also impact the decision

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to seek healthcare services, as migrant domestic workers' salaries are not always sufficient for meeting both the demands of families back home and the needs of the migrant. In most instances, study participants chose to send remittances rather than use their earnings for healthcare services. The practice of self-medication using medicines from the Philippines or familiar treatments available at pharmacies was commonly noted among the study participants.

Family and friends both in the Philippines and destination country can positively influence the health-seeking behaviour of women migrant domestic workers by being valuable sources of information and moral support. However, when they share negative or traumatic experiences with healthcare facilities, they may discourage or even scare domestic workers from accessing health services.

There was some variance with respect to the level of awareness of SRH issues among the women migrant domestic workers interviewed for the present research. The level of awareness of SRH was found to be

generally low, despite the fact that some of the women had attended SRH seminars organized by local NGOs (particularly in Hong Kong), learned about fertility and pregnancy in school or in a pre-departure orientation

'A considerable number of the participants ... lacked correct information about a variety of ... SRH issues, which led them to ignore important symptoms and delay consulting a medical professional.'

seminar before leaving the Philippines, or had become aware of specific SRH issues only after having experienced them or hearing about them. A considerable number of the participants did not know how to track their fertility using a calendar, utilized only the 'withdrawal' method as a form of contraception, and lacked correct information about a variety of other SRH issues, which led them to ignore important symptoms and delay consulting a medical professional.

Due to prevailing traditional gender norms that dictate that women should remain ignorant about matters pertaining to sex and sexuality, there was a level of shame and discomfort among some of the women when discussing SRH matters in the focus group sessions. The prospect of submitting to a medical examination that would involve showing a male doctor their private parts would be unthinkable for many of these women. As a result, simple problems such as reproductive tract infections become serious before they are spoken of.

Extrinsic factors that impact women migrant domestic workers' SRH include the presence and effectiveness of policies related to SRH and the level of service provision available in destination countries, as well as employers' support or lack thereof in accessing rights and services.

All three countries of study have policies that require female migrant domestic workers to have health insurance for the duration of their employment contract.

'While all study participants in Hong Kong were covered by health insurance, coverage among participants in Singapore was more sporadic ... in Qatar, most of the participants were uninsured.'

While all study participants in Hong Kong were covered by health insurance, coverage among participants in Singapore was more sporadic, as was knowledge about the requirement to have health insurance. In Qatar, most of the participants were uninsured, and those who accessed medical care there were able to do so because their employers took them to the hospital.

Generally, health services were available in all the three study sites. In Hong Kong and Singapore, there are healthcare service providers that specialize in SRH services, and in Qatar, there are several government-run specialized hospitals catering to women, infectious diseases (including sexually transmitted infections) and cancer.

Most of the women migrant domestic workers who experienced being in a hospital or clinic in the destination country had positive experiences. But there were some who reported encountering rude care providers,

'... women migrant domestic workers' level of access to SRH services in destination countries depends largely on their employers.'

being rushed through consultations and being given medications without the opportunity to explain their illness or without receiving an explanation of the treatment plan. Study participants in Hong Kong and Singapore reported language difficulties when speaking with healthcare providers. In Hong Kong, a law dealing with racial discrimination provides that a patient can ask for an interpreter when accessing services in a hospital, but the migrant domestic workers were not aware of this service at the time and could not avail themselves of it.

A number of study participants shared their experiences of discrimination in healthcare facilities. In Qatar, for instance, some participants observed that they received better treatment when their employers were with them during the visit to the hospital and that poor treatment on the part of doctors and nurses was due to their status as domestic workers.

In Hong Kong and Singapore, there are NGOs and migrant organizations that serve as support groups for women migrant domestic workers. These institutions can be sources of sexual and reproductive health information and services, and can also reinforce positive health-seeking behaviour through awareness-raising activities for migrant domestic workers.

Regardless of whether SRH policies are in place or services are available, the findings indicate that women migrant domestic workers' level of access to SRH services in destination countries depends largely on their employers. In Hong Kong, for example, employers of migrant domestic workers are required by law to ensure that their workers have a valid Hong Kong ID card, which allows them access to government hospitals and medical services at affordable rates. However, even with the card, a domestic worker may not be able to go to a health facility when she needs to on a working day if her employer does not allow her to leave the house on a working day. Some employers were report-

ed to have terminated the contacts of their domestic workers who became ill, as in the case of one woman who had to undergo chemotherapy for treatment of breast cancer. Even if a domestic worker enjoys a pleasant relationship with their employer, as some participants reported, the nature and demands of domestic work do not always allow for adequate free and rest time to deal with health issues.

Conclusion

Despite suffering from a number of SRH-related problems, women migrant domestic workers do not always seek healthcare services in the countries in which they live and work for a variety of personal and institutional reasons—from poor health-seeking behaviour, to lack of SRH policies in the country, to negative experiences in accessing services. One of the main factors that emerged, however, was the role of employers in determining domestic workers' access to SRH services, including in the provision of health insurance, allowances for time off and assistance in

'In order to ensure better SRH outcomes for Filipina migrant domestic workers, the governments of both the Philippines and the destination countries need to strengthen social and legal protection regimes...'

locating and reaching healthcare facilities. In order to improve the health, safety and wellbeing of Filipina migrant domestic workers, the following recommendations are made to the governments of the Philippines and destination countries respectively.

Recommendations

In order to ensure better SRH outcomes for Filipina migrant domestic workers, the governments of both the Philippines and the destination countries need to strengthen social and legal protection regimes for women migrant domestic workers through responsive policies and programmes.

- *Take steps to ensure the safety and wellbeing of migrant domestic workers before they depart the Philippines.*

The government of the Philippines can share responsibility for ensuring the health and safety of Filipina migrant domestic workers through the implementation of the following policies and programmes.

- Institutionalize pre-departure seminars to inform migrant women of health issues, and particularly SRH issues, that they are likely to

- face in their work, the types of health services available in the destination country and their rights with respect to their living and working situation;
 - Undertake closer and regular monitoring of recruitment agencies in the Philippines to ensure that they are operating lawfully and in the interest of the rights of migrant workers;
 - Ensure the suitability of destination countries to receive migrant workers based on the presence and enforcement of labour laws and protections that safeguard against abuse, discrimination and exploitation;
 - Strengthen bilateral relations with destination countries in addressing the health needs and concerns of women migrant workers.
- *Improve labour standards for domestic workers in destination countries.*



Health conditions of women migrant domestic workers are mediated and impacted by their working and living conditions. It is therefore crucial that labour standards pertaining to domestic work are developed, agreed

'Health conditions of women migrant domestic workers are mediated and impacted by their working and living conditions.'

upon by all parties and strictly implemented. Specific actions included in this recommendation are the following:

- Ensure enforcement of standard contracts, which define the scope of domestic work, minimum required salary, time off, healthy living arrangements, health insurance coverage, and other details;
- Compile a blacklist of abusive agencies and employers in destination countries so that they can be prevented from employing migrant workers;
- Institutionalize orientation seminars for employers of migrant domestic workers so that they can become familiar with ethical treatment standards and other requirements;
- Provide and enable access to justice and redress for women migrant domestic workers who experience abuse, discrimination or contract violations at the hands of their employers;